

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/16/2011	
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DRIVE ANDERSON, IN46016			
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/23/11.</p> <p>Survey dates: August 15 and 16, 2011</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Survey team: Donna M. Smith, RN, TC Toni Maley, BSW Tammy Alley, RN</p> <p>Census bed type: SNF/NF: 95 Total: 95</p> <p>Census payor type: Medicare: 31 Medicaid: 54 Other: 10 Total: 95</p> <p>Sample: 12</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/17/11</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0332 SS=D	<p>Cathy Emswiler RN</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>Based on observations, record reviews, and interview, the facility failed to ensure it was free of a medication error rate of 5% or greater for 8 of 42 opportunities during 2 of 4 nursing staff observed and for 2 of 6 residents observed during medication pass. The medication error rate was 19.0 %.</p> <p>(LPN #1 and QMA#2) (Resident #'s 41 and 45)</p> <p>Findings include:</p> <p>1. On 8/15/11 from 9:40 a.m. to 9:50 a.m. during medication pass, LPN #1 was observed to prepare and give Resident #41 his medications. These medications included, but were not limited to, Brimonidine eye drops (glaucoma), Advair Diskus inhaler (Chronic Obstructive Pulmonary Disease [COPD]), Mucinex ER (extended release) (to loosen mucous secretions) 600 mg (milligrams), Propafenone ER 225 mg (antiarrhythmic - heart), and BusPirone Hydrochloride 10 mg (anxiety management). These medications were scheduled for 8:00 a.m. and 8:00 p.m.</p> <p>Resident #41's record was reviewed on 8/15/11 at 2:30 p.m. The resident's diagnoses included, but were not limited to, COPD, coronary artery disease, Parkinson's disease, glaucoma, and anxiety.</p> <p>The physician's orders were as follows:</p> <p>Brimonidine Solution 0.2%, originally dated</p>			F0332	<p>This plan of correction is to serve as Countryside Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Countryside Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>F332</p> <p>I. LPN # 1 and QMA #2 will receive 1:1 education regarding the correct parameters for medication pass times. QMA #2 will also receive 1:1 education regarding correct administration of nasal spray. LPN #1 and QMA #2 will have medication administration observation to determine compliance with policy.</p> <p>II. Residents were reviewed for correct administration times of medications. Residents with physician orders for nasal spray will receive the administration of nasal spray per policy and procedure.</p>		08/27/2011

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	<p>2/07/11, was instill 1 drop to both eyes daily and was scheduled at 8 a.m. and 8 p.m.;</p> <p>Advair Diskus 250 mg/50 mg, originally dated 7/05/11, was to use 1 inhalation by mouth 2 times a day and was scheduled at 8 a.m. and 8 p.m.;</p> <p>Mucinex ER 600 mg, originally dated 9/09/10, take 1 tablet by mouth 2 times a day and was scheduled at 8 a.m. and 8 p.m.;</p> <p>Propafenone ER 225 mg, originally dated 9/09/10, was to take 1 capsule by mouth 2 times a day and was scheduled at 8 a.m. and 8 p.m.;</p> <p>Buspirone 10 mg, originally dated 4/06/11, was to take 1 tablet by mouth 2 times a day and was scheduled at 8 a.m. and 8 p.m.</p> <p>On 8/16/11 at 9:15 a.m. during an interview, LPN #1 indicated the time allowed around a scheduled medication was 1/2 hour before and 1 hour after the scheduled time for the medication.</p> <p>The "Geriatric Dosage Handbook 12th Edition" indicated Advair in the oral inhalation form and used for COPD should be given 12 hours apart.</p> <p>2. On 8/16/11 from 9:40 a.m. to 9:50 a.m. during medication pass, QMA #2 indicated resident # 45 had returned from breakfast. She then was observed to prepare and give Resident #45 his medications. The oral medications included, but were not limited to, Levetiracetam 500 milligrams (mg) (partial seizures) and Omeprazole 20 mg. The Levetiracetam was scheduled to be given at 8:00 a.m. and 8:00 p.m. The Omeprazole was scheduled to be given at 8:00 a.m. With the resident sitting on the side of the bed, the Fluticasone Spray 50 micrograms was observed to be given with 1 spray in one nostril followed by the other nostril with no closure of either nostrils observed during this nasal administration. After spraying each nostril, the resident was instructed to</p>			<p>Licensed nursing staff will be observed for medication administration to include appropriate time of administration and technique. Any identified issues will be addressed immediately and re-education will be completed.</p> <p>III. The systemic change includes:</p> <p>*M.A.R.'s have been audited and adjusted as needed to include correct parameters regarding medication pass times.</p> <p>*The nurses/Q.M.A.s have received re-education in relation to:</p> <p>*Correct parameters regarding medication pass times.</p> <p>*Correct nasal spray administration.</p> <p>*The 5 rights of medication administration.</p> <p>*Insulin types and peak times</p> <p>*Accurate documentation.</p> <p>IV. Assistant Director of Nursing/designee will audit by observation of complete medication administration (to include medication pass time frames and ensuring appropriate administration on nasal medications) five times per week for one month, then weekly for one month, then monthly for the next ten months, to total twelve months of monitoring. Any identified concerns from audits will be addressed immediately.</p> <p>The results of these reviews will be reported to the Quality Assurance Committee.</p>			

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	<p>"sniff."</p> <p>Resident #45's record was reviewed at 8/16/11 at 11:15 a.m. The resident's diagnoses included, but were not limited to, seizures, gastroesophageal reflux disease, cerebral palsy, and history of sepsis.</p> <p>The physician's orders were as follows:</p> <p>Levetiraceta 500 mg, originally dated 8/07/09, was to take 1 tablet by mouth 2 times a day for partial seizures and was scheduled at 8:00 a.m. and 8:00 p.m.;</p> <p>Omeprazole 20 mg, originally dated 8/07/09, was to take 1 capsule by mouth one time daily to decrease stomach acid production and was scheduled at 8:00 a.m.;</p> <p>Fluticasone spray 50 micrograms, originally dated 12/03/10, was use 1 spray in bilateral nares every morning and was scheduled at 8:00 a.m.</p> <p>The "Geriatric Dosage Handbook 12th Edition" indicated in the patient information Omeprazole was to be taken before eating.</p> <p>3. Inservices titled "Free of medication error rates of 5% or more" were conducted for nursing staff on 7/13/11 from 7:00 a.m. to 8:35 a.m. and from 1:00 p.m. to 2:15 p.m. and on 7/14/11 from 10:00 a.m. to 11:15 a.m. and from 3:00 p.m. to 4:30 p.m. with a make up inservice on 7/20/11 from 10:00 a.m. to 11:10 a.m. The content included, but was not limited to, the following:</p> <p>"PREVENTING MEDICATION ERRORS The Five Rights When administering medications, remember the five right: Right drug, Right dose, Right resident, Right time, Right route</p>				<p>V. Completion date: 8/27/2011.</p>		

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	<p>...Right time The right time is considered one hour before or after the scheduled time except for specific drugs (before and after meals) and/or as ordered (sliding scale Insulin).</p> <p>...Twenty tips for Preventing Medication Errors ...13. Before administering any unfamiliar medication, refer to a medication reference or contact the pharmacist....."</p> <p>The "Medication Administration Times" policy was provided by the Director of Nursing (DON) on 8/16/11 at 10:55 a.m. This current policy indicated if the "ORDER" was "Twice a day," the "Time to be Administered" was 8 a.m. and 8 p.m.</p> <p>The "MEDICATION ADMINISTRATION: GENERAL POLICIES & PROCEDURES" policy was provided by the DON on 8/16/11 at 10:55 a.m. This current policy indicated the following:</p> <p>"POLICY</p> <p>Medications are administered as prescribed in accordance with good nursing principles and practices...</p> <p>...Personnel administering drugs shall refer to the PDR (Physician's Drug Reference) or its equivalent when unfamiliar with the pharmacology of the drug, its potential toxic effects or contraindications.</p> <p>...PROCEDURE: Preparation:</p> <p>...2. All medications will be prepared in accordance with manufacturer's guidelines such as</p>						

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	<p>proper amount of fluid to mix, specific warnings and cautionary instructions.</p> <p>...Administration:</p> <p>...3. Medications are to be administered 60 minutes before or after the prescribed time for administration, unless otherwise specified by the prescriber. Routine medications are to be administered according to the schedule set forth by this facility....."</p> <p>The "ADMINISTRATION OF NASAL MEDICATIONS" policy was provided by the DON on 8/16/11 at 1:50 p.m. This current policy indicated the following:</p> <p>"...RECOMMENDED PROTOCOL</p> <p>...Nasal spray:</p> <p>...3. Instruct resident to inhale and squeeze bottle at the same time.</p> <p>4. Administer medication as ordered by physician.</p> <p>5. Repeat procedure in other nostril if directed....."</p> <p>The "GERIATRIC MEDICATION HANDBOOK - EIGHTH EDITION" indicated the following:</p> <p>"Nasal Spray Administration Procedure for Adults</p> <p>...Procedure (Pump Bottle):</p> <p>...9. Hold the pump bottle with your thumb on the bottom and your index and middle fingers on either side of the spray tip.</p> <p>10. Instruct patient to hold head in an upright position, slightly tilted forward.</p>						

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	11. Use finger of other hand to close the nostril that is not receiving medication by gently pressing the side of the nostril. 12. Keep the bottle upright and insert the spray tip into the nostril (no more than 1/4 inch). Point the tip to the back and outer side of the nose. 13. Spray firmly and quickly while the patient breathes in through their nose and out through their mouth. 14. After removing the spray bottle, have the patient tilt their head back for several seconds to aid penetration of the drug. 15. Wipe any excess drainage immediately. Instruct patient to avoid blowing their nose for 15 minutes. 16. Repeat steps 9-15, if more than one spray is needed....." This federal deficiency was cited on 6/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-48(c)(1)						